



The Centers for Medicare and Medicaid Services:
SUPPORT Act Section 1003 Grant

SUPPORT ACT GRANT MONTHLY STAKEHOLDER MEETING DECEMBER 14, 2020

Department of Medical Assistance Services

The Virginia Department of Medical Assistance Services (DMAS) SUPPORT Act Grant projects are supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$4,836,765 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

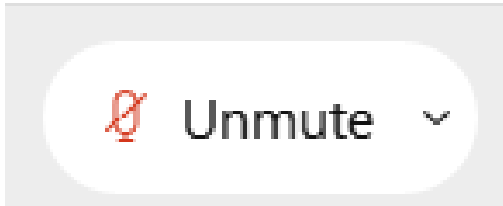
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Welcome and Meeting Information

- We have an 'open' meeting format to allow participation and questions
- Please make sure your line is muted if you are not speaking
 - We will mute all lines if there is a lot of background noise
- If you are having issues with audio, please type questions or comments in the chat box.

How to Mute and Unmute in WebEx



When the microphone icon looks like this, you are **muted**



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Everyone is muted at the beginning of the webinar – when you are ready to ask a question, please click the red microphone button to unmute. When you are finished, please click it again to mute your line.

Agenda

Item	Time
Webinar Set up	10:00 - 10:05
Welcome and SUPPORT Act Grant Overview	10:05 - 10:10
SUPPORT Act Grant Updates	10:10 - 10:20
Enhancement of Medicaid Behavioral Health Services	10:20 – 10:30
Medicaid Data Analysis: Naloxone Access	10:30 – 10:40
Health Brigade Harm Reduction	10:40 - 11:00
Break	11:00 – 11:05
Mount Rogers Health District Harm Reduction	11:05 – 11:35
Peers Resources	11:35 – 11:45
Q&A	11:45 - 11:55
Next Steps	11:55 – 12:00

Overview of SUPPORT Grant Initiatives

Notice of Award: September 18, 2019

Period of Performance: September 30, 2019 to September 29, 2021 (18 months + 6 month no cost extension)

Approved Budget: \$4.8 million
Components

1. Need assessment
2. Strengths-based assessment
3. Activities to increase provider capacity

SUPPORT Act Grant Overview

Virginia Medicaid's SUPPORT Act Grant Goals:

- Learn from Addiction and Recovery Treatment Services (ARTS) program
 - Appreciate successes
 - Learn from challenges
- Decrease barriers to enter workforce
- Focus on specific subpopulations
 - Justice-involved
 - Pregnant and parenting members
- Maintain our core values
 - Person-centered, strengths-based, recovery-oriented

Grant Team

- Alyssa Ward, Ph.D., LCP, Director, Division of Behavioral Health
- Ashley Harrell, LCSW, Project Director & ARTS Senior Program Advisor
- Jason Lowe, MSW, CPHQ, Grant Manager
- Christine Bethune, MSW, Grant Coordinator
- Paul Brasler, MA, MSW, LCSW, Behavioral Health Addiction Specialist
- John Palmieri, Data Analyst
- Tiarra Ross, Budget Analyst
- Trenece Wilson, Policy and Planning Specialist
- Adam Creveling, MSW, CPRS, Grant Program Specialist

SUPPORT ACT GRANT UPDATES

DECEMBER 2020

SUPPORT Act Grant Updates: December

Projects Update

- Medication Assisted Treatment/Peer Recovery Services in EDs pilot – Virginia Hospital and Healthcare Association Foundation
 - The Office of the Attorney General has approved the Settlement agreement.
 - Waiting for final approval and signatures
 - Next Steps:
 - Continue reallocation plan
 - Post notice of award for Subaward RFA

SUPPORT Act Grant Updates: December

Projects in Development

Subaward Applications

- Fifteen applications were received
- Team has scored applications and forwarded documentation to Procurement and Contract Management
- Awards will be announced as soon as possible

SUPPORT Act Grant Updates: December

Projects Underway

- Needs assessment: VCU Department of Health Behavior and Policy
 - Continuum of care needs assessment
 - ARTS member surveys and interviews
 - Buprenorphine-waivered prescriber analysis and survey
- Brightspot assessment: VCU Wright Center
 - Training pre/post-test implemented – take part for your chance to win an Amazon gift card!
 - Project ECHO opportunities
 - Data visualization - HealthLandscape in development
 - Brightspot Analysis

SUPPORT Act Grant Updates: December

Projects Underway

- Policy Landscape Analysis – analyze policy options for Virginia in response to changes introduced by the SUPPORT Act
 - Manatt Health and State Health Partners continue to meet with workgroups and interview stakeholders to inform policy landscape
 - Deep dive into telehealth policies, post-discharge planning, treatment gaps
 - Upcoming workgroup schedule:
 - December and January – Benefits and Cost Sharing

SUPPORT Act Grant Updates: December

Projects Underway

- SUMS Project – **S**ubstance **U**se Disorder, **M**edicaid, and the Criminal Justice **S**ystem
 - Contract lead: Health Management Associates (HMA)
 - HMA is currently working on literature review and environmental scan as well as developing a timeline for the demonstration
 - Grant team and HMA are working with DOC and related partners on demonstration site selections – two DOC facilities and two local/regional jails.

SUPPORT Act Grant Updates: December

Winter Webinars:

Monday, December 14, 2020	1:00 PM - 2:00 PM	Opioids & Stimulants Overview	Paul Brasler
Tuesday, December 15, 2020	10:00 AM - 11:00 AM	Trauma-Informed Care	Paul Brasler
Tuesday, December 22, 2020	10:00 AM - 11:00 AM	Opioids & Stimulants Overview	Paul Brasler

Full webinar Schedule: <https://www.dmas.virginia.gov/#/artssupport>
Under the “Information” banner.

ENHANCEMENT OF MEDICAID BEHAVIORAL HEALTH SERVICES

Advancing Proactive, Evidence-Based Solutions

December 14th, 2020





PRESENTERS TODAY

Laura Reed, LCSW

*Acting Behavioral Health Senior Advisor,
DMAS*

Enhanced Behavioral Health Services for Virginia

Vision

Implement fully-integrated behavioral health services that provide a full continuum of care to Medicaid members. This comprehensive system will focus on access to services that are:



High Quality

Quality care from quality providers in community settings such as home, schools and primary care



Evidence-Based

Proven practices that are preventive and offered in the least restrictive environment



Trauma-Informed

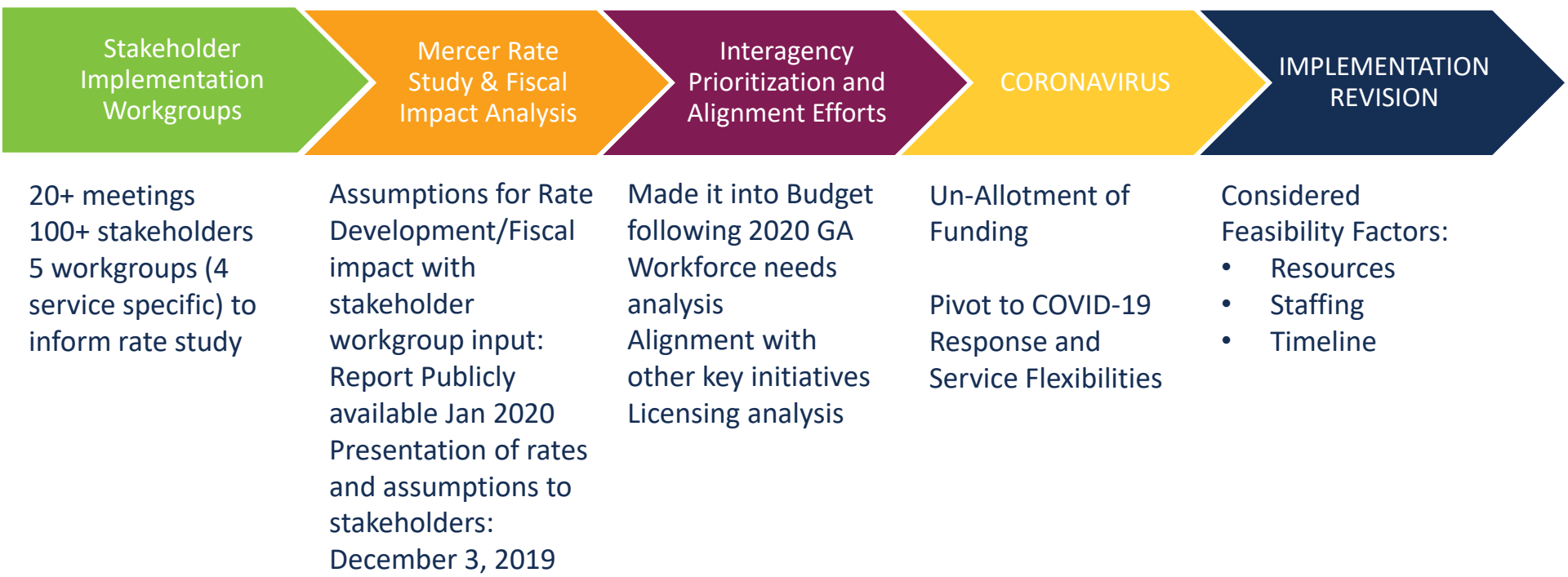
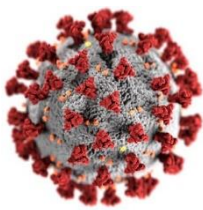
Better outcomes from best-practice services that acknowledge and address the impact of trauma for individuals



Cost-Effective

Encourages use of services and delivery mechanism that have been shown to reduce cost of care for system

BH Enhancement Timeline May 2019-Nov 2020



Enhancement Brings Alignment Across Initiatives

BH Enhancement Leverages Medicaid Dollars to Support Cross-Secretariat Priorities

Enhancement & Family First Prevention Services Act

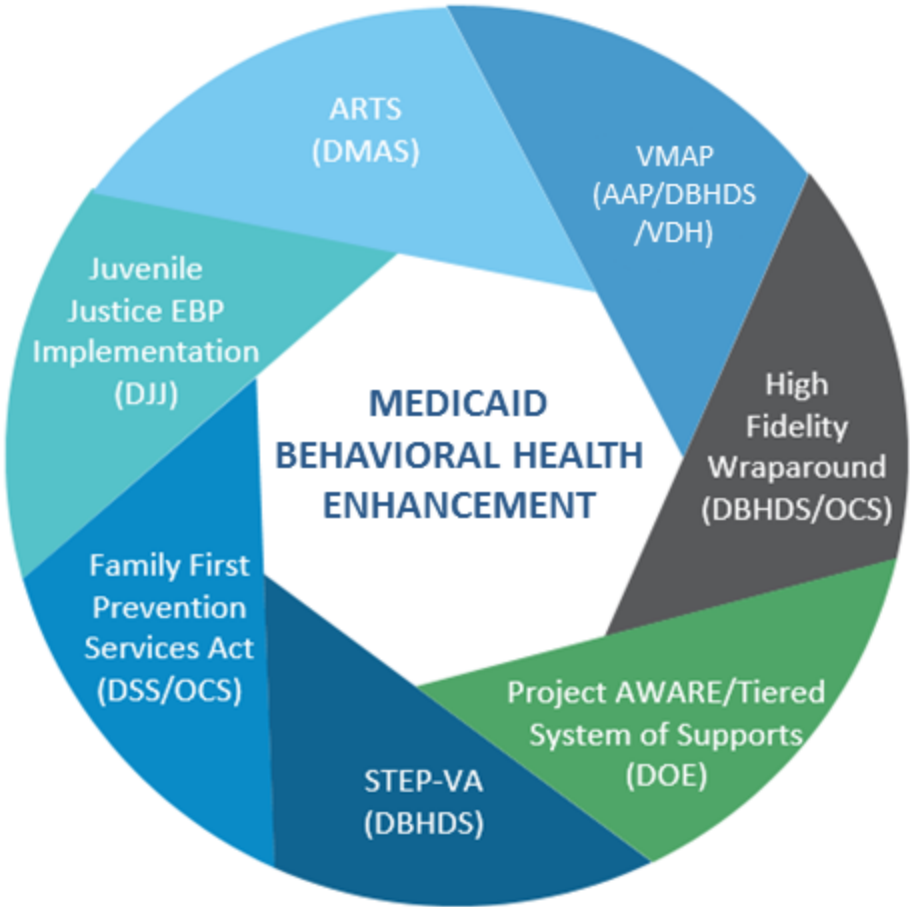
Focused on workforce development, evidence-based programs, prevention-focused investment, improving outcomes, and trauma informed principles

Enhancement & Juvenile Justice Transformation

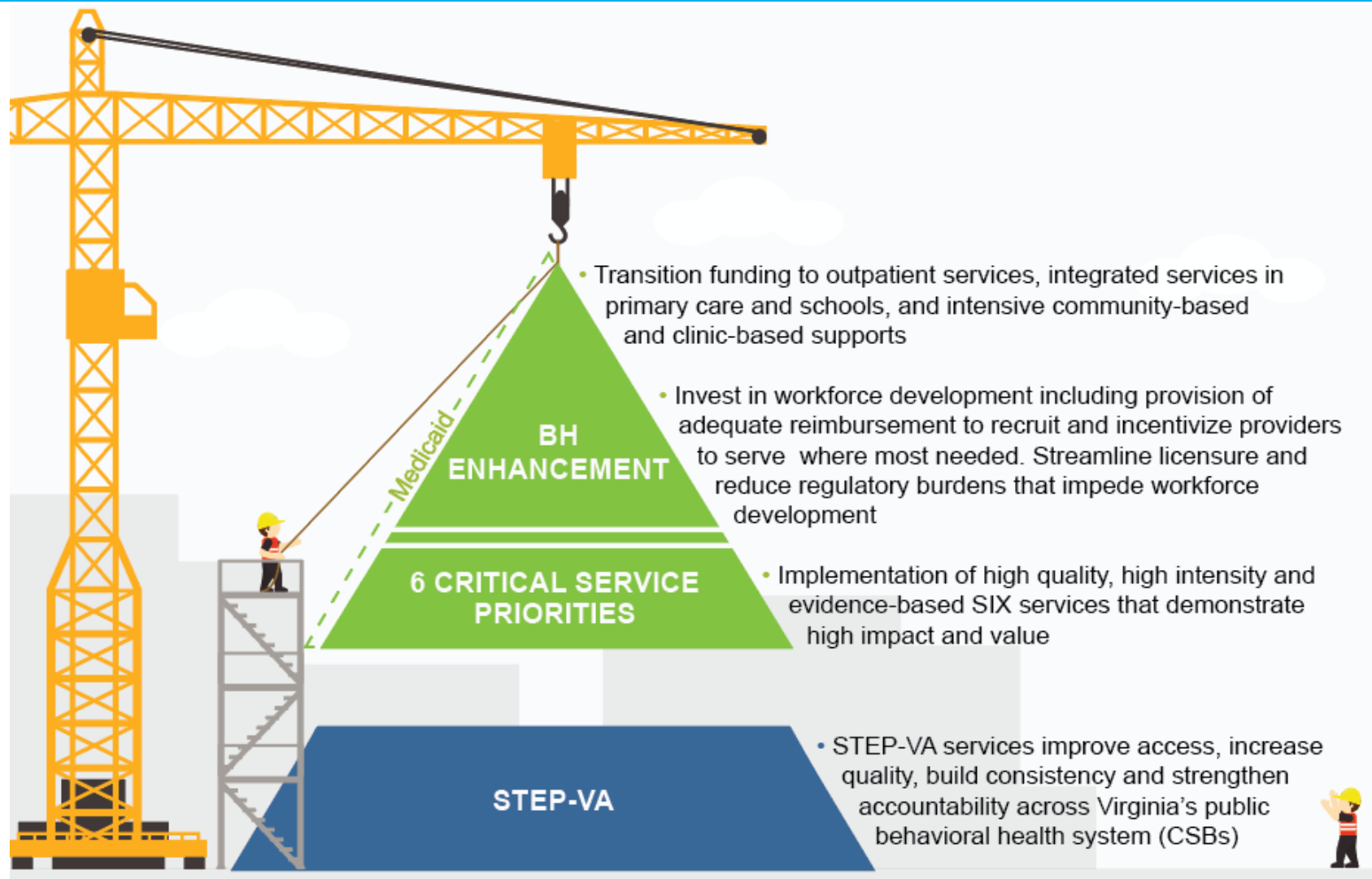
Supports sustainability of these services for the provider community, particularly in rural settings who have struggled with maintaining caseloads and business models when dependent on DJJ or CSA

Enhancement & Governor's Children's Cabinet on Trauma Informed Care

BH Enhancement continuum is built on trauma-informed principles of prevention and early intervention to address adverse childhood experiences



Enhancement of Behavioral Health and STEP-VA



Enhancement of Behavioral Health Services: *Current Priorities Explained*

What are our top priorities at this time?

Implementation of **SIX** high quality, high intensity and evidence-based services that have demonstrated impact and value to patients
Services that currently exist and are licensed in Virginia ***BUT are not covered by Medicaid or the service is not adequately funded through Medicaid***



Why Enhancement of BH for Virginia?

- ✓ Provides alternatives to state psychiatric admissions and offers step-down resources not currently available in the continuum of care, which will assist with the psychiatric bed crisis
- ✓ Demonstrated cost-efficiency and value in other states

Enhancement of Behavioral Health Services

ORIGINAL Governor's Budget 2020 Funding Summary: DMAS

	FY2021	FY2022
General Fund	\$3,028,038	\$10,273,553
Non-General Funds	\$4,127,378	\$14,070,322
TOTAL FUNDS	\$7,155,416	\$24,343,875

Implementation January 2021
Multi-Systemic Therapy
Functional Family Therapy
Assertive Community Treatment

Implementation July 2021
Comprehensive Crisis Services
Partial Hospitalization
Intensive Outpatient

Enhancement of Behavioral Health Services

Special Session 2020: **REVISED FUNDING**

	Fiscal Year 20-21	Fiscal Year 21-22
General Fund	\$8,038	\$10,273,553
Non-General Funds	\$4,124	\$14,070,322
TOTAL FUNDS		\$24,343,875

Enhancement of Behavioral Health Services

Special Session 2020: Revised Implementation VERSION 1

	Fiscal Year 21-22
General Fund	\$10,273,553
Non-General Funds	\$14,070,322
TOTAL FUNDS	\$24,343,875

*This does include funding for ALL of the services, just for what was estimated for the second year of implementation (which reflected a ramp up over time)

Enhancement of Behavioral Health Services

Special Session 2020: Revised Implementation VERSION 2

	Fiscal Year 21-22
General Fund	\$10,273,553
Non-General Funds	\$14,070,322
TOTAL FUNDS	\$24,343,875

Implementation July 2021

Assertive Community Treatment
Partial Hospitalization
Intensive Outpatient Programs

Implementation December 2021

Multi-Systemic Therapy
Functional Family Therapy
Comprehensive Crisis Services
(23 hour beds, Residential Crisis,
Community Based Stabilization,
Mobile Crisis Intervention)

Enhancement of Behavioral Health Services

Governor's Budget Funding Summary: DBHDS

*UN-ALLOTTED, NOT RE-INSTATED
AT THIS TIME*

	FY 2021 GF	FY 2022 GF
Train workforce in preparation for behavioral health enhancement - Provides \$1.0 million general fund in FY 2021 and \$1.2 million general fund in FY 2022 to conduct a behavioral health workforce study, create infrastructure for evidence based practice in behavioral health, and to educate the behavioral health workforce regarding changes in the behavioral health delivery system.	\$1,025,815	\$1,215,315
Align DBHDS licensing with Medicaid behavioral health services (Language Only) - Permits DBHDS to promulgate emergency regulations related to the licensing of services impacted by the enhancement of Medicaid behavioral health services included in the introduced budget.	\$0	\$0

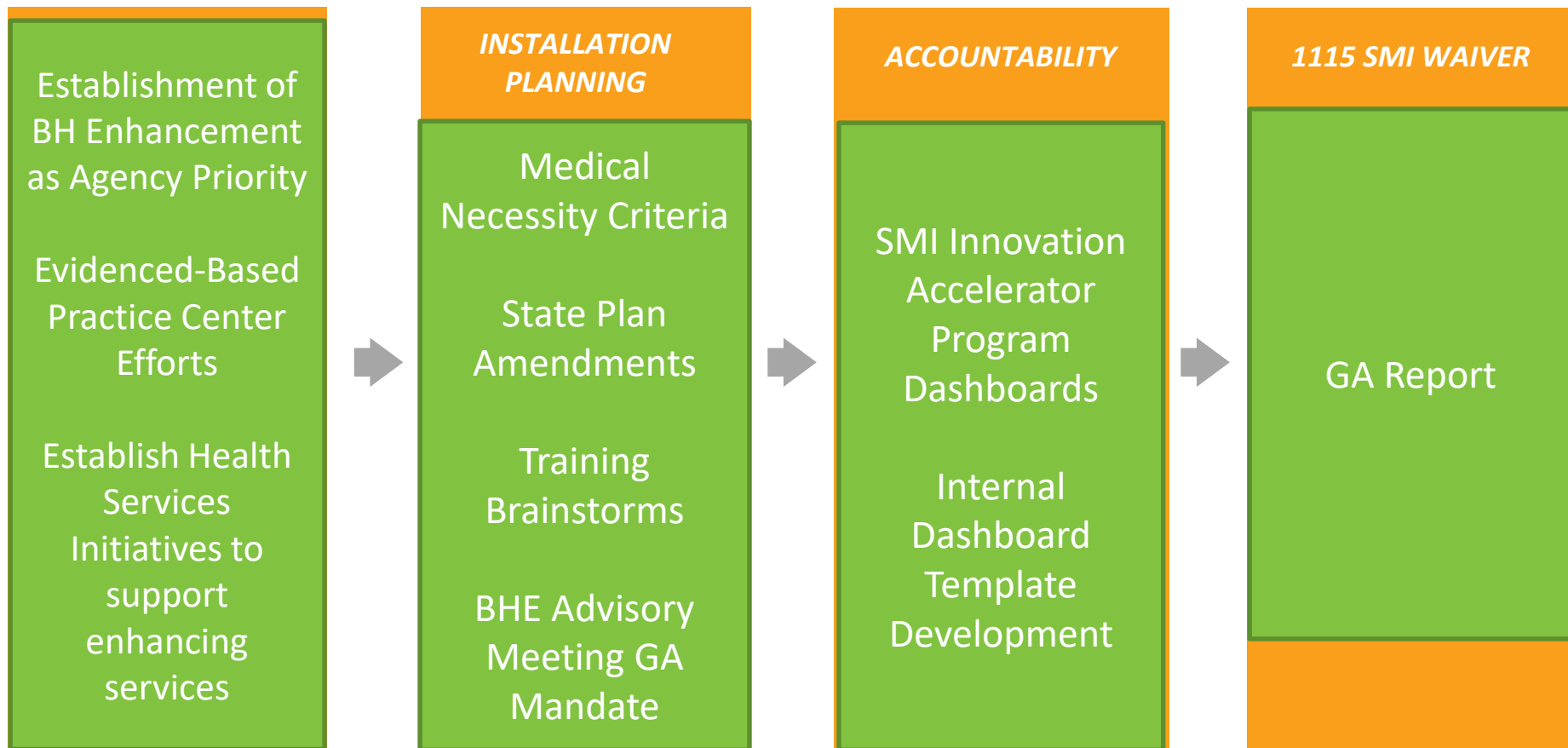
§1115 Serious Mental Illness Waiver Opportunity



**BH Enhancement will
support this waiver
application**

- DMAS already has §1115 ARTS waiver which allows Substance Use Disorder (SUD) residential and inpatient treatment and also required implementation of an ASAM Continuum of Care.
- A new CMS SMI 1115 Waiver is available that would *infuse new federal dollars replacing GF funds currently used to pay for some TDO's. The 1115 waiver would allow federal funds to pay for adult inpatient psychiatric hospitalizations and psychiatric residential treatment benefit creating new capacity and alternatives to TDOs*
- *The SMI 1115 is different from ARTS because DMAS must first implement Behavioral Health Enhancement to demonstrate availability of a comprehensive continuum of evidence-based community mental health services prior to an 1115 waiver application.*
- Could result in GF savings - **state psychiatric hospitals could bill Medicaid (at 90% federal match/10% provider assessment for expansion and 50/50 for traditional) instead of using 100% GF dollars**

Enhancement In the Time of Covid-19



Throughout this process, we commit to continued interagency partnership with DBHDS as well as continued alignment efforts with DSS-DOE-DJJ-DOC

Next immediate steps

- Stakeholder WebEx: December 11th, 2020
 - Will be posted to website and youtube
- MCO Resolutions Panel: December 17th, 2020
 - Initial meeting of this panel that conforms to mandated budget language
- General Assembly Session
 - External workgroups will pause during this time

Thank you for your partnership, support and participation.

Additional Questions?

Please contact us at:
Enhancedbh@dmass.virginia.gov



The Centers for Medicare and Medicaid Services:
SUPPORT Act Section 1003 Grant

MEDICAID DATA ANALYSIS: NALOXONE ACCESS

Trenece Wilson

SUPPORT Act Grant Policy Planning Specialist

Virginia Department of Medical Assistance Services

Disclaimer

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Acknowledgements

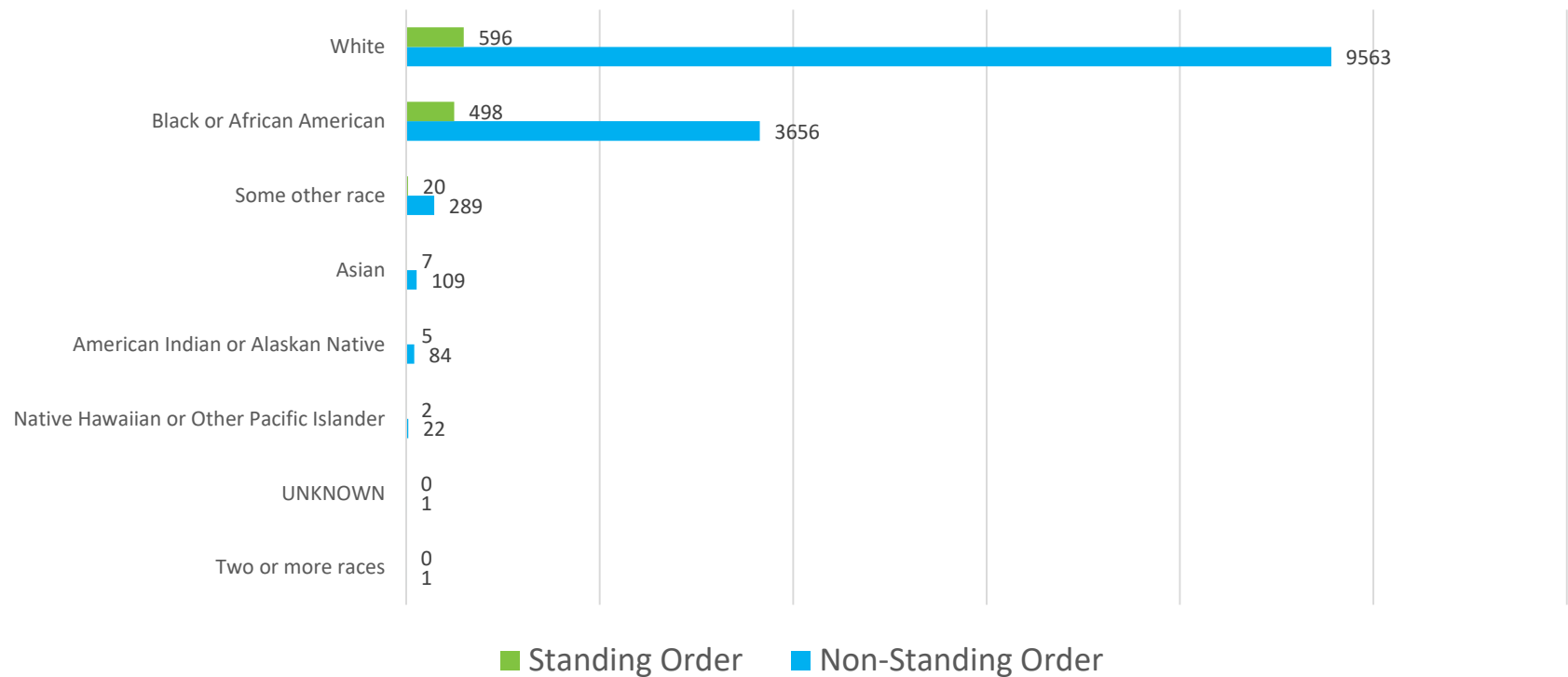
Special thank you to John Palmieri and the DMAS Office
of Data Analytics

- The purpose is to examine Medicaid member access to Naloxone
 - Specific focus on member access to Standing Order Naloxone Claims

- Medicaid data from January 1, 2019 – December 31, 2019
- 2019 Medicaid Claims data
 - 1,525,871 distinct members
- 2019 Medicaid Naloxone Claims data
 - Data was subset to examine pharmacy claims
 - Standing Order Claims is defined a claims prescribed by the Virginia Department of Health Commissioner

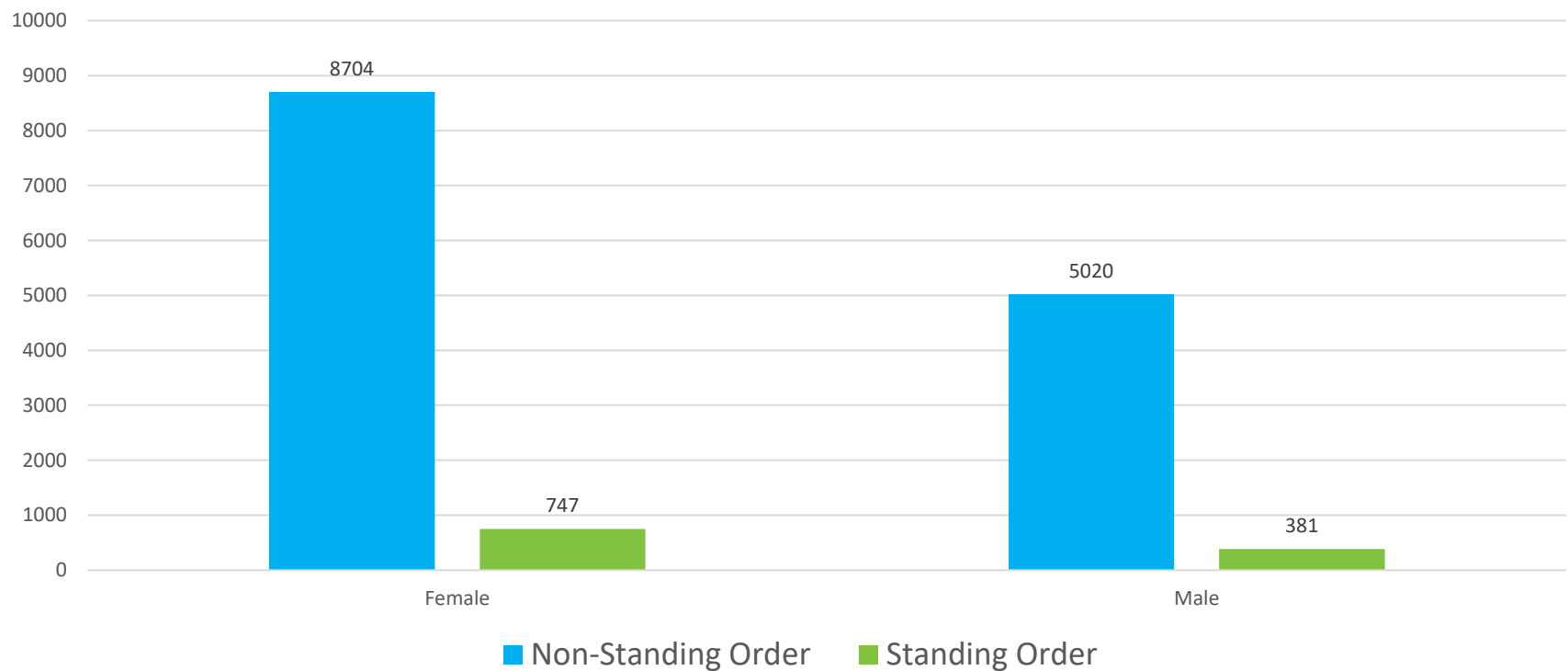
Demographics

Pharmacy Naloxone Claims by Race



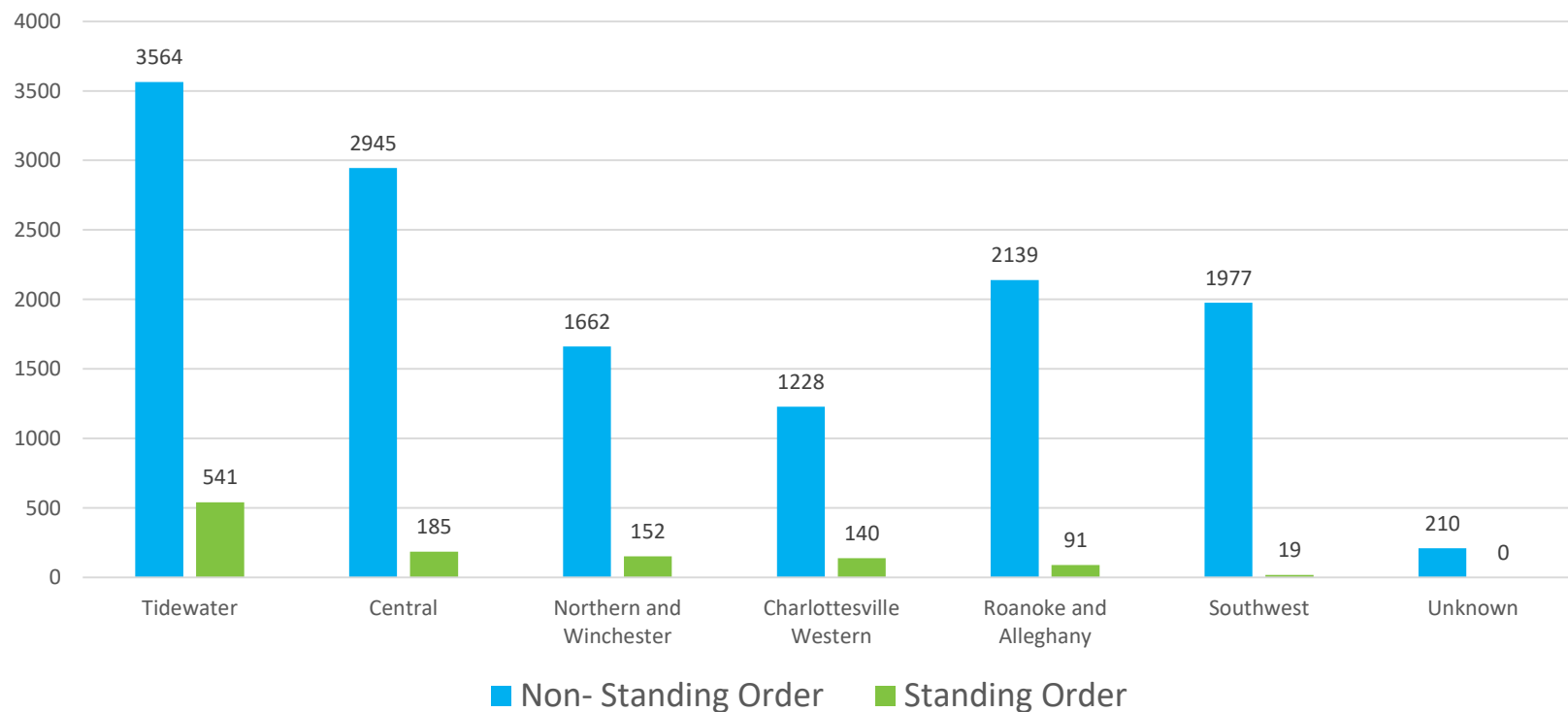
Demographics

Medicaid Pharmacy Naloxone Claims by Sex



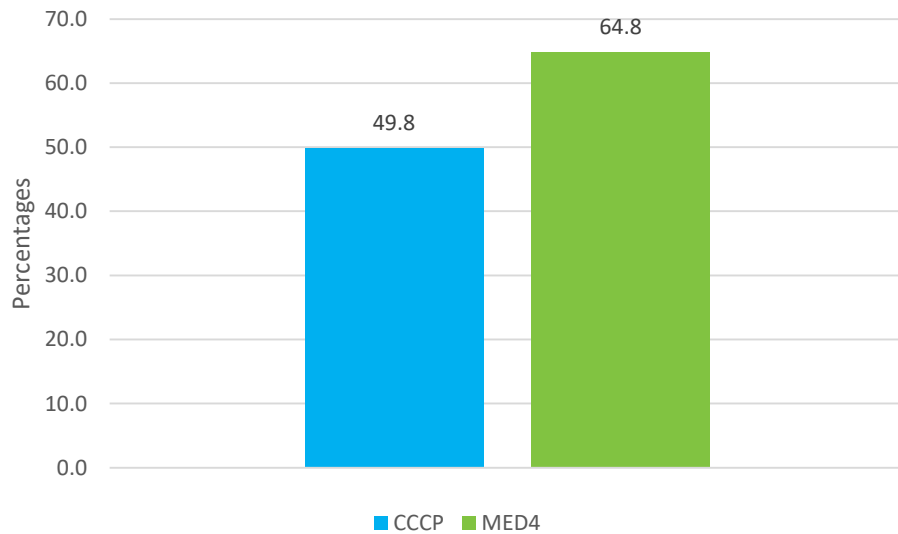
Demographics

Medicaid Naloxone Claims by Region

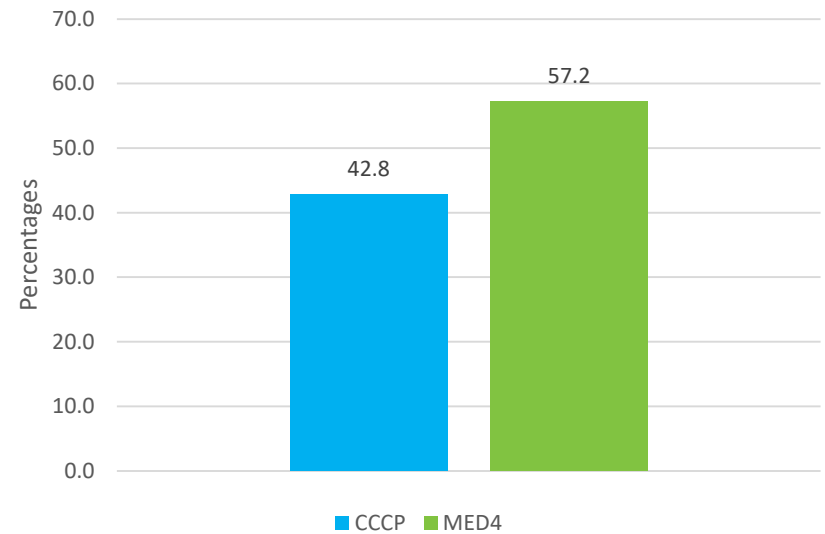


Naloxone MCO Claims

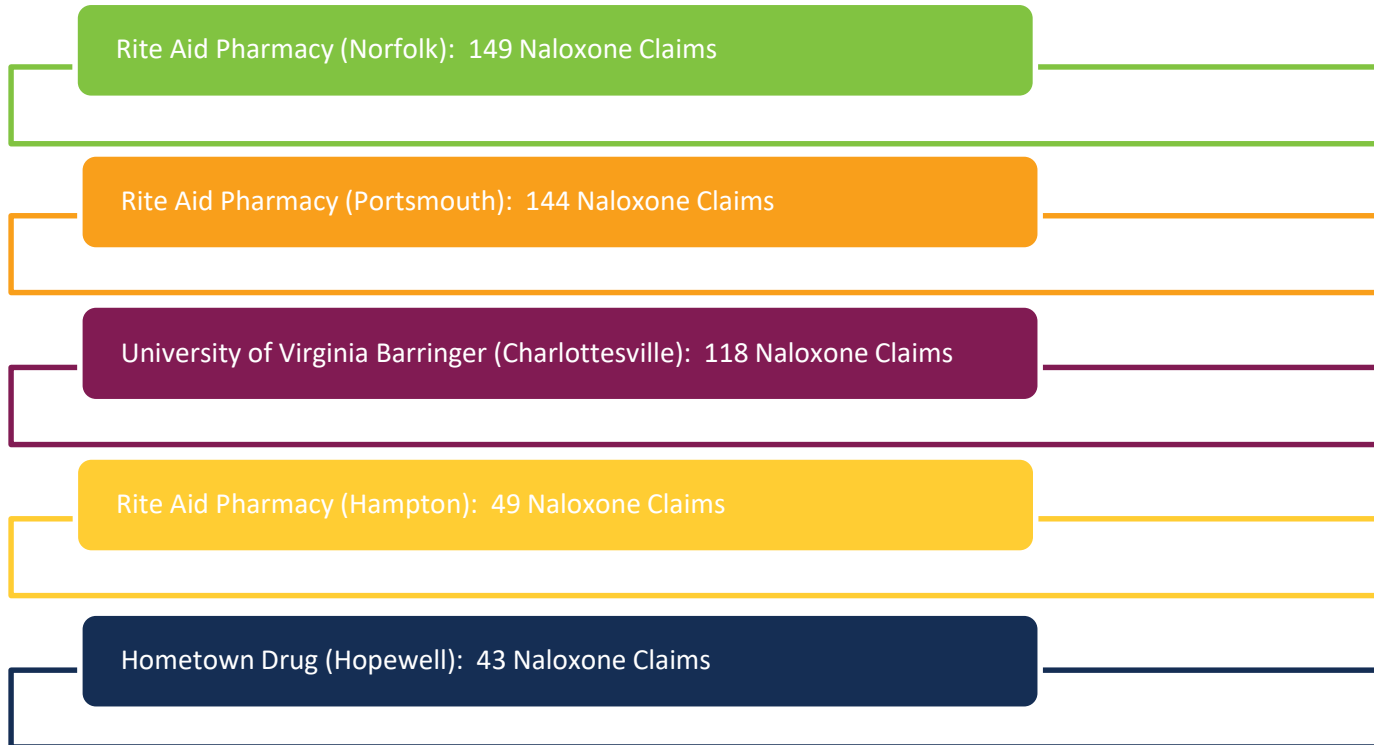
MCO Non-Standing Order Medicaid Naloxone Claim



MCO Standing Order Medicaid Naloxone Claim

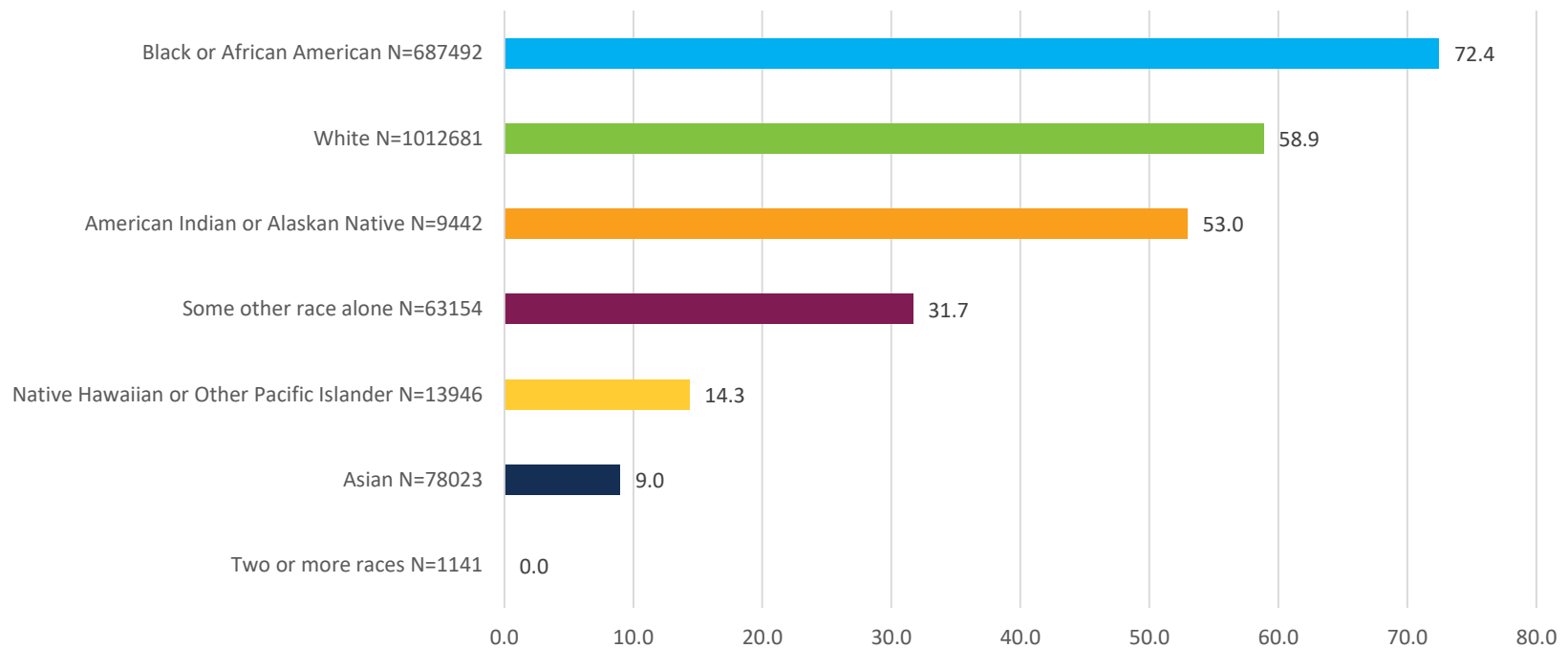


Standing order Pharmacies



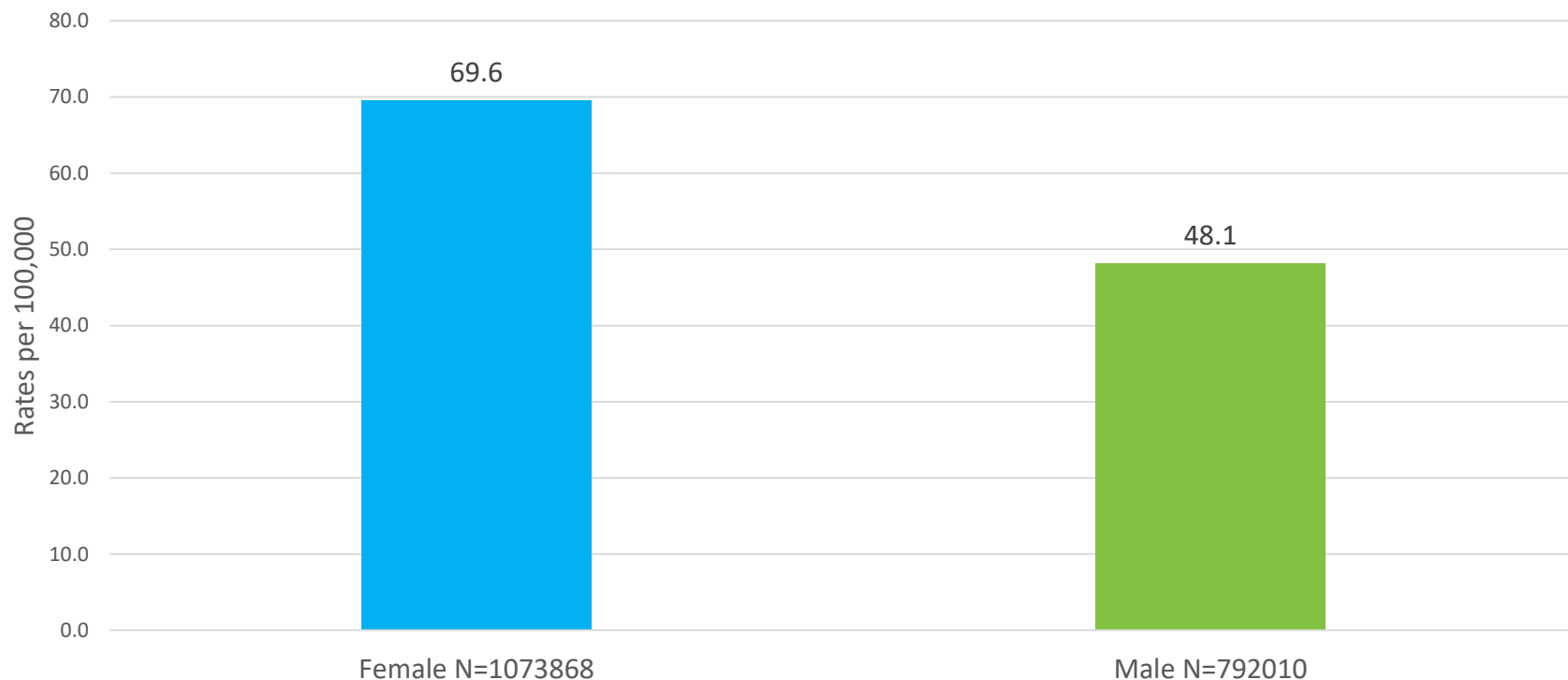
Standing order Naloxone Claims

Standing Order Naloxone Claims for Medicaid members by Race, Rates per 100,000



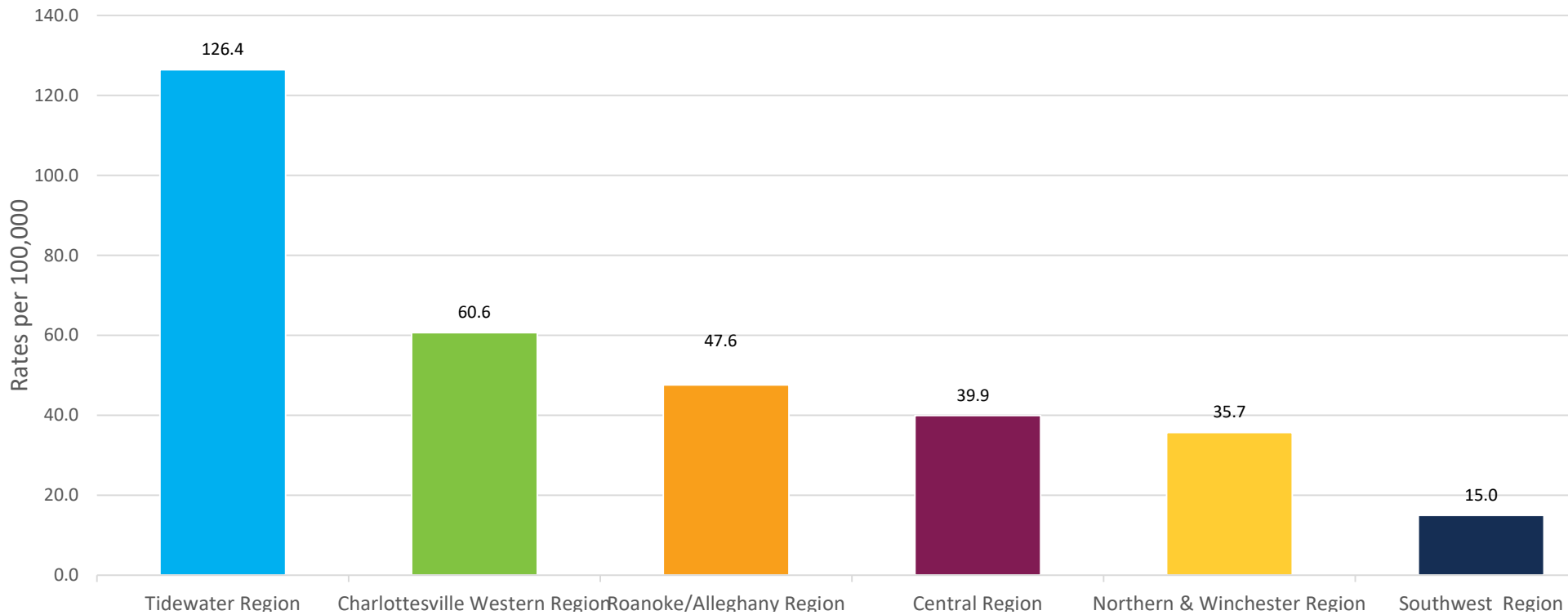
Standing order Naloxone Claims

Standing Order Naloxone Claim for Medicaid members by Sex, Rates per 100,000



Standing order Naloxone Claims

Regional Standing Order Naloxone Claims for Medicaid member, Rate per 100,000



Conclusion

- White and Female members have a larger number of Naloxone claims over all
 - Asian, American Indian, and Hawaiian members claims are substantially lower
- MED4 Medicaid members and African Americans are taking advantage of the standing order for Naloxone at higher rates
- Naloxone Claims are the highest in the Tidewater and lower in the Southwest Region
 - Standing Order Claims were relatively low in the Roanoke and Alleghany Region
- Many of the Naloxone claims in the Tidewater Region are from a common pharmacy company

QUESTIONS?

Please contact me at:

Trenece.wilson@dmas.virginia.gov

Or

SUPPORTgrant@dmas.virginia.gov



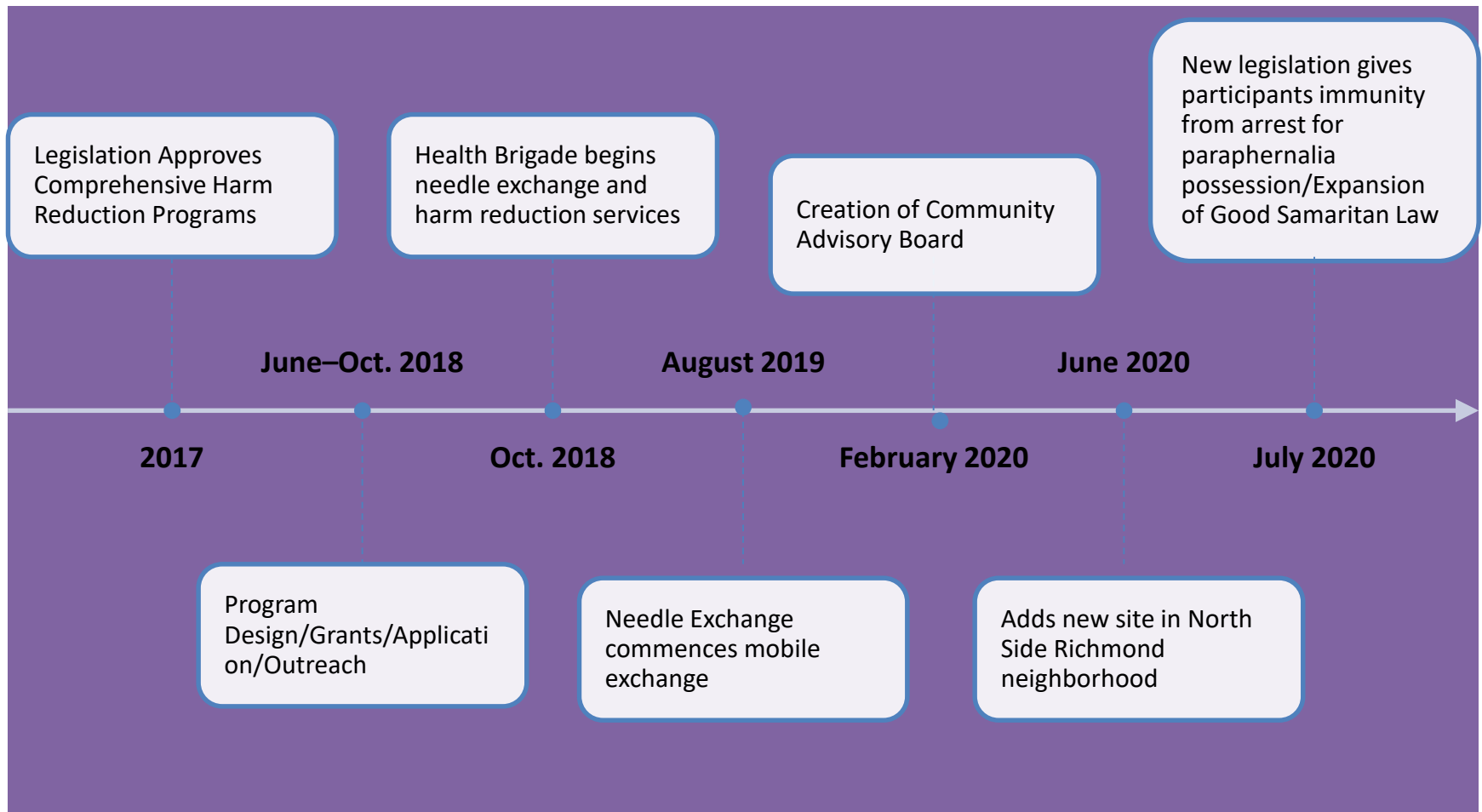
Health Brigade Comprehensive Harm Reduction

Strategies to build Community Trust and
Engagement

Presentation Outline:

- Quick history of program
- Our services/values
- Importance of community engagement
and outreach
- Advocating for drug user health and rights
- Program successes

Health Brigade Needle Exchange History



We are the Drug Policy Alliance.

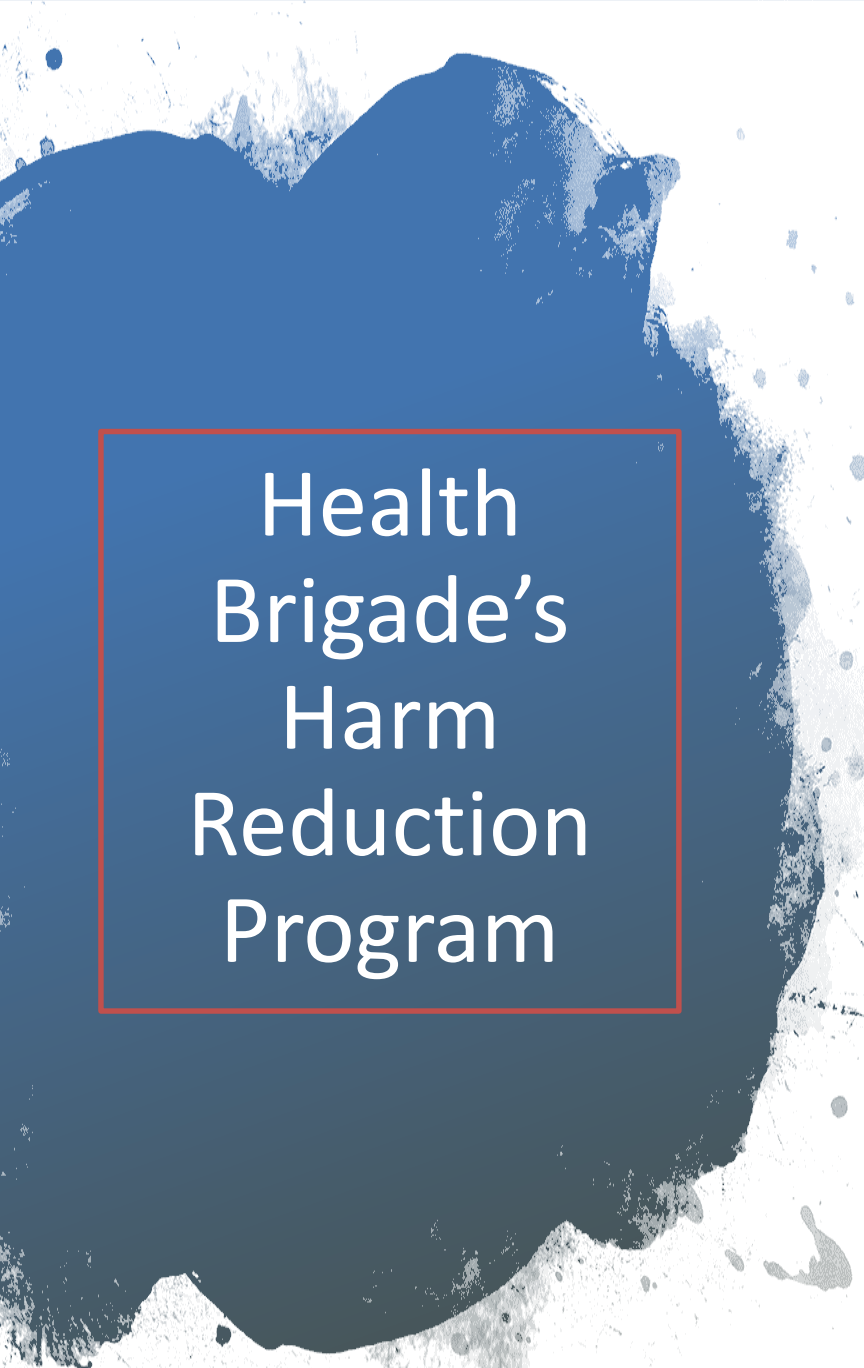
PRESS RELEASE

Governor Terry McAuliffe Legalizes Syringe Access Programs in Virginia




***Thousands of Lives Will Be Saved by
Reducing HIV and Hepatitis C***

- By implementing syringe programs now, Virginia may be able to avoid public health crises like the 2015 HIV outbreak in Scott County, Indiana, in which a lack of access to harm reduction resources like syringe access contributed to over 200 new cases of HIV (whereas Scott County typically only saw 5 HIV cases per year).
- An analysis by the Centers for Disease Control and Prevention (CDC) found that eight Virginia counties (Buchanan, Dickenson, Russell, Lee, Wise, Tazewell, Patrick and Wythe) are at risk of an outbreak similar to Scott County, Indiana.
- Virginia already has seen a spike in hepatitis C cases: in 2014, more than 6,600 cases were reported to the Virginia Department of Health and in 2015 more than 8,000 cases were reported. This significant rise in blood borne pathogens could signal a spike in HIV on the horizon as well.



Health Brigade's Harm Reduction Program

- Offers safer using education, syringes, cookers, filters, alcohol swabs, sterile water, tourniquets, clean straws, fentanyl test strips, education on safer smoking, SHARPS containers, and wound care kits
- HIV and Hep C testing
- Referrals/navigation to insurance, MAT, substance use treatment, medical care, MH care, PREP, and other requested services
- Naloxone (Narcan) training and dispensing
- Substance Abuse Counselor, Mental Health Professional, and a Peer Recovery Coach available
- All services are free and confidential
- Harm Reduction courses in local jails and prisons



Using Evidence Base

Harm Reduction

- Harm Reduction Programs, also referred to as Needle Exchanges or Syringe Access Programs are part of a public health strategy. They are evidence-based and prevents the spread of HIV/AIDS, and hepatitis C among persons that inject drugs, their families, and the larger community. Harm Reduction is a comprehensive approach to working with people at higher risk in relation to HIV, substance use, and sexual behaviors. Harm Reduction Programs see the following successes:

- Program participants are 5 times more likely to enter treatment for substance use disorder
- Reduces the risk of needle-stick injuries to first responders
- Reduces overdose deaths
- There is no evidence that harm reduction programs increase drug use or crime

Community Engagement

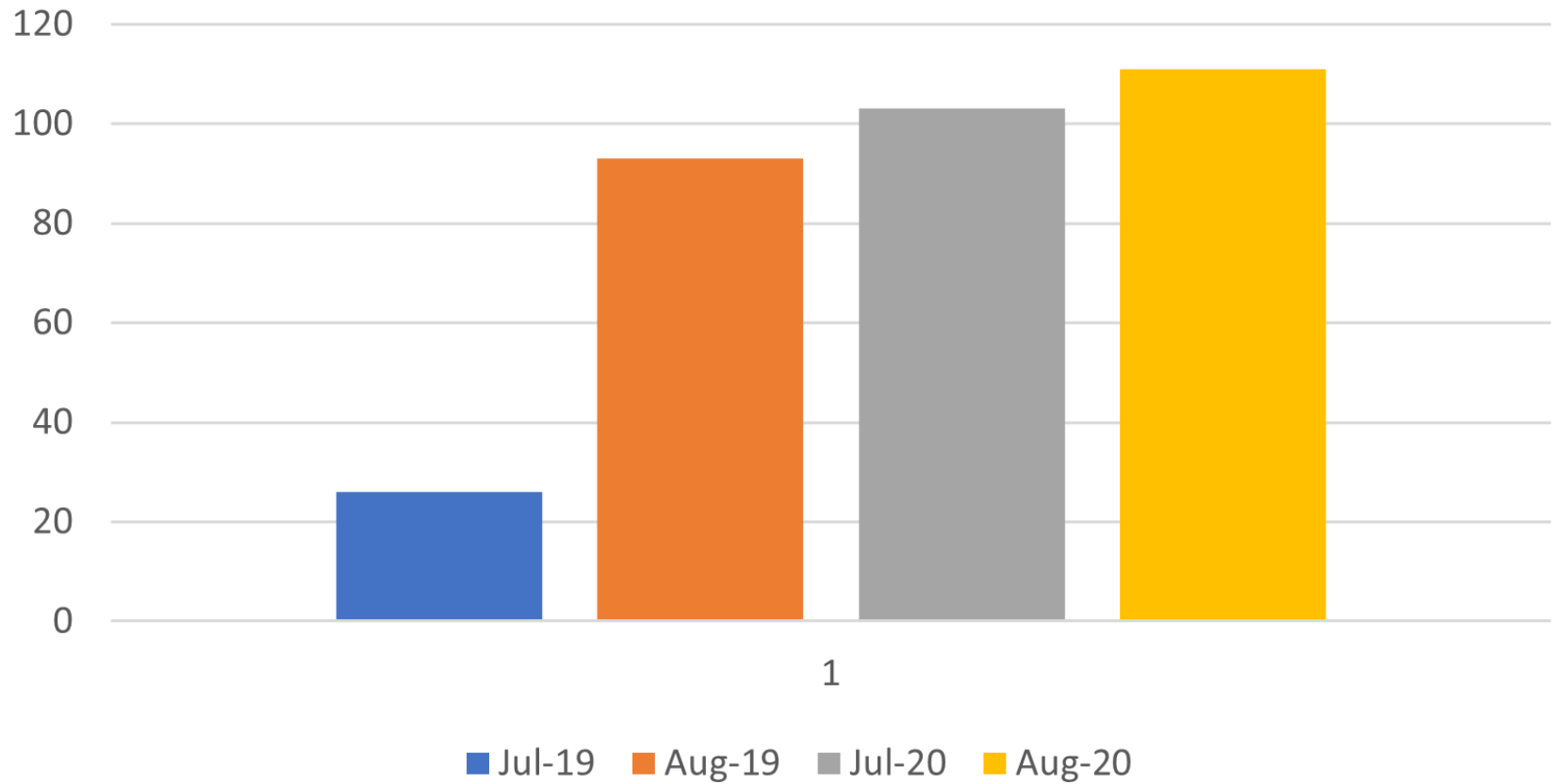
- CHR team started reaching out to substance use community 5 months prior to opening
- Direct referrals to SUD Providers
- Started outreach prior to opening doors (Health Brigade is historically a community based provider)
- Sit on Opioid Overdose Task Force and COVID-specific Task Force
- Unlikely allies- churches, peer-recovery spaces, treatment providers, reentry organizations

Mobile CHR and Outreach


- -Targeting communities most impacted by opioid overdose, mobile programing has literally reached our clients where they are providing services in the most needed communities.
- -These areas are predominantly black
- Importance of providing access to communities and folks impacted the most under the war on drugs
- Syringe clean up and backpacking supplies
- Increase participation



Participation Before/After Mobile Launch



Participation Before/After Mobile



Community Advisory Board

- Started in January 2020
- 6-8 members
- Informs operations, materials provided, services offered
- Creates connection with participants
- Compensates them for their time and expertise
- Peer-led, from different locations in greater Richmond area
- Offers a place for participants to talk about use in judgment-free space

Education and Resource Materials

★ COMMUNITY RESOURCE GUIDE ★

MEDICAL/HEALTHCARE

Medicaid Expansion Line-Call to see if you qualify for Medicaid: (855)242-8282

-Free or low-cost clinics-

Daily Planet 517 West Grace St. Richmond, VA 23220 (804) 783-2505*For Dental Care call (804) 783-0678 to register and make an appointment

Cross Over Health Care Ministry (Se Habla Español) 8600 Quicocasin Rd, Richmond, VA 23229 (804) 622-0803

Health Brigade (formerly Fan Free Clinic)- 1010 North Thompson St. Richmond, VA 23230 (804) 358-6343 Medical, Testing, Mental Health Counseling, Trans Health

-Hepatitis C Care-

VCU Hep Department (804) 828-0966-or call (804) 828-0966 for registration

VCU Motivate-501 N. 2nd St. Suite #100 Richmond, VA 23219 (804) 828-9452 (only for those on MAT)

Bon Secours, St. Mary's Hospital (804) 977-8920 or (804)281-8365 for registration

Daily Planet 517 West Grace St. Richmond, VA 23220 (804) 783-2505

South West, Virginia-UVA has a tele-med program for individuals that are HEP C positive: Contact Terry Knick (434) 924-5470

-HIV Care-

HOUSING/HOMELESSNESS

Feed More Hunger Hotline- (804) 521-2500 Call to find out the closest food pantry to you. 1415 Rhoadmiller St. Richmond, VA (will provide one time bag of groceries 9am-3:30pm)

Housing Crisis Line- (804) 972-0813 resources and shelter alternatives for those who are three days or less away from losing their housing.

Commonwealth Catholic Charities Housing Resource Center- (804) 648-4177 resources for those experiencing homelessness/Walk-in hours 8:30-1 M-F 809 Oliver Hill Way Richmond, VA 23219

First Baptist Church hot showers: Mondays & Wednesdays 10-11:30am 2709 Monument Ave. Richmond (804) 355-8637

-Naloxone/Narcan-

Richmond City Health District 400 East Cary St. Questions contact (804) 205-3730

Health Brigade Needle Exchange (804)358-6140

EMPLOYMENT

Richmond Community Employment Center at Goodwill Assistance with resumes and job searches. 6301 Midlothian Turnpike Richmond, VA 23225 (804) 521-4918

HumanKind Financial education that includes

SUBSTANCE-USE RESOURCES

Dailey Planet 517 West Grace St. Richmond, VA 23220 (804) 783-2505

VCU Motivate-501 N. 2nd St. Suite #100 Richmond, VA 23219 (804) 828-9452

RBHA 107 S 5th St, Richmond, VA 23219 (804) 819-4000-Drop-in Mondays 8-2pm & Tue-Fri 8-3pm.

FCCR- Radford 4906 Radford Ave. Richmond, VA 23230 (804) 354-1996

Never Use Alone Hotline- *Confidential* Operators stay on the phone with you while you use in case of an overdose. (800) 484-3731

Peter's Place- (804) 539-2507 We are a local LGBTQIA+ recovery organization seeking to provide safe sober housing, resources, and support.-

Needle Exchange-

Health Brigade 1010 N. Thompson St. Richmond, VA 23230 (804) 358-6140 On-site: MON:5-8pm TUE: 3pm THUR: *Mobile Southside* 12-3pm. Free and confidential.

Council of Community Services- drop in/mobile syringe exchange 2328 Williamson Rd, #1 Roanoke, VA. 540-904-7254

-Support Groups-

Full Circle Grief Support (804) 912-2947 10611

News and Legislation

Comprehensive Harm Reduction Programs

Chris Atwood Foundation | Virginia Harm Reduction Coalition

Comprehensive Harm Reduction programs (CHRP) have been studied for more than 30 years and operate in 39 states, DC, and Puerto Rico.



CHRP save lives by lowering the likelihood of fatal overdose.



Participants are 5 times more likely to enter treatment.



Law enforcement benefits from reduced risk of needlesticks, no increase in crime.



Areas with programs see an 80% decrease in HIV infections and a 50% decrease in Hepatitis C.



Programs have a return on investment of \$7.58 for every \$1 spent.
The 1-year return on investment for Philadelphia was \$243.4 M, and Baltimore \$62.4 M.

The Problem:

- Overdose fatalities and HCV rates continue to rise in the Commonwealth.
- Virginia has only 4 approved CHRPs serving approximately 500 of the 25,000 people in need (2%).
- In contrast, North Carolina's programs served nearly 10,000 people last year, and distributed 70,000 doses of naloxone, the opioid overdose reversal medicine.
- Virginia's current CHRP law only allows programs in certain localities and requires organizations to navigate a burdensome approval process.
- Virginia's current CHRP law expires on June 30, 2020.

The Solution:

- Model legislation after North Carolina, which allows organizations to operate CHRPs that are regulated by the Department of Health.
- The language proposed would allow VDH to continue funding programs that fit their application process while permitting organizations who find their own funding to operate, providing more access to life-saving services throughout the Commonwealth.

For questions contact Lawson Koepfel
lawson@virginiaharmreduction.org





Comprehensive Harm Reduction/Needle Exchange

OPEN HOUSE

You are invited to visit our new space and to see our

DEC 4, 2019 | 5:30 - 7PM

1010 N. Thompson Street, Richmond, VA 23230
(Please park and enter in back of building.)

RSVP to Emily at ewesterholm@healthbrigade.org

Program Overview 5:30 - 6PM | Tours 6 - 7PM

Light Refreshments Served



International Overdose Awareness Day

In honor of International Overdose Awareness Day

**Thursday, August 29th
3-6pm at Luck's Field/Park
in Church Hill**

Providing HIV Testing & Naxolone
Training & Distribution



Do you know the face of overdose?



RICHMOND
HEALTH DEPARTMENT

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COVID RESPONSE- Harm Reduction has many forms

- -Hand Sanitizer
- -Masks
- -Food and Water
- -Education on COVID and testing referrals
- Narcan and OD reversal training
- Condoms
- Snort kits



October 15, 2018-present

- Served over 1300 participants
- 35% of our participants identify as female
- 41% of our clients identify as being POC (Persons of Color)
- Linked over 1000 participants to Naloxone
- Our participants report reversing 800+ **overdoses** since we starting recording in March 2019.
- Refer participants to substance use treatment at providers that provide individualized treatment
- Link participants to Medicaid
- Passed out 1000+ masks and other PPE in COVID response
- Offer snort kits for alternative uses and community engagement
- Provide pads and tampons to all that need it
- Started Community Advisory Board
- Hired Peer to team

Questions?

Emily Westerholm, CSAC

Program Coordinator

(804)358-6140

ewesterholm@healthbrigade.org

Colin King, MSW

Program Associate

(804) 358-2437

cking@healthbrigade.org




Richmond Program Open:

Monday 5-8pm (on-site) Tuesdays 12-3pm (Eastside mobile) Wednesday (Northside Mobile) Thursdays 12-3pm (Southside mobile)

BREAK TIME!

**Please take a short – five minute –
break**



Comprehensive Harm Reduction (CHR)

Tammy C. Bise, M.Ed.
Human Services Program Specialist
Mount Rogers Health District

What is Comprehensive Harm Reduction?

- CHR is a culmination of public and behavioral health strategies designed to decrease negative impacts caused by the use of substances, on individuals and their communities.
- Prevents disease and other negative consequences resulting from drug use.
- Meets individuals “where they are” while empowering them to see their potential and enter into recovery when they are ready.

CHR encompasses an understanding that society cannot arrest their way out of an epidemic.

What CHR does NOT do!



- ▶ CHR does not increase drug use or create new injectors
- ▶ Increase crime rates
- ▶ Increase discarded needles in public settings
- ▶ Give individuals “permission” to use illegal drugs

What Comprehensive Harm Reduction CAN do!

- ✓ Prevent HIV, HBV, and HCV
- ✓ Reduce fatal overdoses by providing REVIVE training and Naloxone distribution
- ✓ Increase entry to into drug treatment
- ✓ Facilitate referrals and linkages to housing, mental health services, health insurance, and other resources in the community
- ✓ Reduce needle stick injuries to first responders
- ✓ Remove used syringes from circulation and inappropriate disposal
- ✓ Provide testing and treatment referrals for HIV, HBV, HCV, and STIs
- ✓ Reduce occurrences of endocarditis and abscesses



Smyth County CHR Program

- ▶ Opened December 2018 and the first participant started in January 2019
- ▶ Currently have 220 Participants
- ▶ Helped individuals enter into recovery
- ▶ 20% prior Hepatitis C positive
- ▶ 100% with Hepatitis C referred for treatment
- ▶ A few have been cured
- ▶ 91% Syringe Return Rate
- ▶ 5,908 syringes returned in October 2020
- ▶ **Last Quarter (July-September):**
 - ▶ 222 visits
 - ▶ Dispensed 40 Narcan
 - ▶ 23 overdose reversals
 - ▶ 7 Tested
 - ▶ 25 Hep A Vaccines
 - ▶ 15,448 syringes returned at a 86% return rate

Smyth County

- Fixed site with an exchange room
- Program rules & regulations
- CHR Supplies
- Best Practices
- COVID-19 changes
- Peer Support Services
- Case Management activities
- Linkages and Referrals



Community Support



PEER RECOVERY RESOURCES & UPDATES

Adam A. Creveling, MSW, CPRS

Adam.creveling@dmas.virginia.gov

Peer Recovery Resources

Statewide Landscape Review on Peer Services

- 50-State Scan: How Medicaid Agencies Leverage their Non-Licensed Substance Use Disorder Workforce: <https://www.nashp.org/wp-content/uploads/2019/11/SUD-Scan-findgs-final-11.21.19.pdf>
- State Medicaid Reimbursement For Peer Support Services: [https://static1.squarespace.com/static/56d5ca187da24ffed7378b40/t/5e4e2ecc21989a778bc3db5f/1582182093508/OMCircle ReferenceGuide PeerSupport.pdf](https://static1.squarespace.com/static/56d5ca187da24ffed7378b40/t/5e4e2ecc21989a778bc3db5f/1582182093508/OMCircle+ReferenceGuide+PeerSupport.pdf)
- Recovery Support Services for Medicaid Beneficiaries with a Substance Use Disorder: <https://www.macpac.gov/wp-content/uploads/2019/07/Recovery-Support-Services-for-Medicaid-Beneficiaries-with-a-Substance-Use-Disorder.pdf>
- Review of Peer Support Specialist Trainings Comparison of Virginia and Other State Processes: [https://static1.squarespace.com/static/5cd33914797f74080d793b95/t/5f85c4e2425a4054568e3dfc/1602602213007/Review+of+Peer+Support+Specialist+Trainings FINAL.pdf](https://static1.squarespace.com/static/5cd33914797f74080d793b95/t/5f85c4e2425a4054568e3dfc/1602602213007/Review+of+Peer+Support+Specialist+Trainings+FINAL.pdf)

Peer Recovery Resources Continues

Infrastructure Technical Assistance

- Peer Support toolkit: https://www.opioidlibrary.org/wp-content/uploads/2020/10/PCCI_Peer-Support-Toolkit.pdf
- Core Competencies for Peer Workers in Behavioral Health Services: https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/core-competencies_508_12_13_18.pdf
- Peer Workers in the Behavioral and Integrated Health Workforce: Opportunities and Future Directions: <https://www.sciencedirect.com/science/article/pii/S0749379718316374#bib25>
- The Recovery Bill of Rights: <https://facesandvoicesofrecovery.org/wp-content/uploads/2019/07/Recovery-Bill-of-Rights-legal.pdf>

DMAS Stakeholder Peer Recovery Updates

DMAS Stakeholder Peer Recovery Capacity Feedback

<https://www.surveymonkey.com/r/H3DK9SC>

- Symposium Spring/Summer 2021
- **We value your feedback and experiences!!**

Questions and Answers

Please unmute yourself or use the chat
feature in WebEx
to submit your questions.

Website Update



DMAS Home Page:

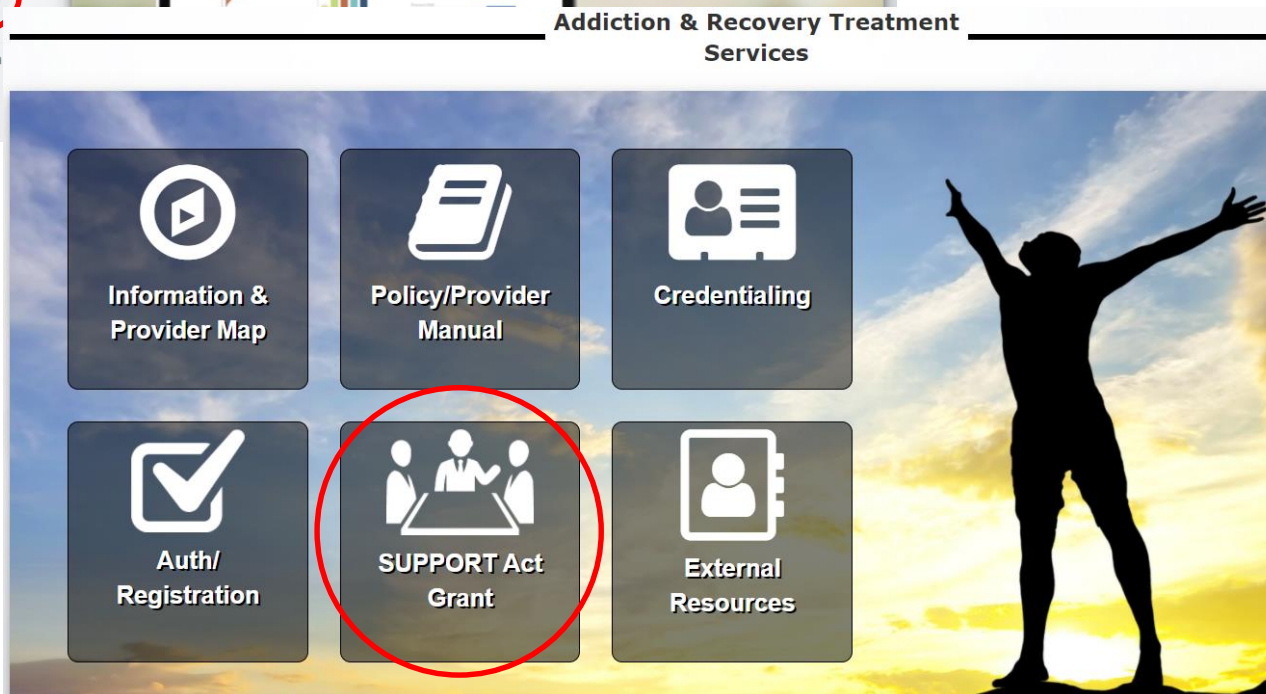
<https://www.dmas.virginia.gov/#/index>

ARTS Home Page:

<https://www.dmas.virginia.gov/#/arts>

SUPPORT Grant:

<https://www.dmas.virginia.gov/#/artssupport>



SUPPORT Act Grant Website -

<https://www.dmas.virginia.gov/#/artssupport>

SUPPORT Act Grant Overview

The Virginia Department of Medical Assistance Services (DMAS) was awarded the Centers for Medicare & Medicaid Services SUPPORT Act Section 1003 Grant in September 2019. The purpose of this grant is to decrease substance use disorder (SUD) provider workforce barriers and increase the treatment capacity of providers participating under the state Medicaid program to provide SUD treatment or recovery services.

Grant Goals

- Learn from Addiction and Recovery Treatment Services (ARTS) program
- Decrease barriers to enter workforce
- Focus on specific subpopulations: justice-involved members and pregnant and parenting members
- Maintain our core values: person-centered, strengths-based, recovery-oriented

Grant Components

- Needs assessment
- Strengths-based assessment
- Activities to increase provider capacity

Period of Performance

September 2019 - September 2021

Grant Email

SUPPORTgrant@dmas.virginia.gov

Information

- Virginia Medicaid Agency Awarded Federal Grant to Combat Opioid Crisis [pdf]
- Summary of Virginia's SUPPORT Act Goals and Activities [pdf]
- Accessibility Notice [pdf]

Resources

- UCSF National Clinician Consultation Center Warmline [pdf]
- COVID-19 Resource Library [pdf]

Monthly Stakeholder Meetings

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General Resources

- DMAS COVID-19 website
 - <https://www.dmas.virginia.gov/#/emergencywaiver>
 - Includes policy updates and other agency responses and information
- DMAS ARTS/SUPPORT Act website
 - <https://www.dmas.virginia.gov/#/artssupport>
 - SUPPORT 101 webinar series slide decks
 - Monthly Stakeholder Group slide decks
- SAMHSA COVID-19 Resource Page
 - <https://www.samhsa.gov/coronavirus>
 - Guidance for providers and OTPs
 - Policy updates and grant opportunities

Naloxone Resources

- Get trained now on naloxone distribution
 - REVIVE! Online training provided by DBHDS
 - <http://dbhds.virginia.gov/behavioral-health/substance-abuse-services/revive/lay-rescuer-training>
 - <https://getnaloxonenow.org/>
 - Register and enter your zip code to access free online training
- Getting naloxone via mail
 - Contact the Chris Atwood Foundation
 - <https://thecaf.acemlnb.com/lt.php?s=e522cf8b34e867e626ba19d229bbb1b0&i=96A94A1A422>
 - Available only to Virginia residents, intramuscular administration
- Medicaid provides naloxone to members at no cost and without prior authorization!
- Call your pharmacy before you go to pick it up!

Peer and Member Resources

- Peers
 - Virginia Peer Recovery Specialist Network
 - <https://virginiapeerspecialistnetwork.org/resources/>
- Harm Reduction
 - Virginia Department of Health - Comprehensive Harm Reduction
 - <https://www.vdh.virginia.gov/disease-prevention/chr/>
- Advocacy
 - Substance Abuse Addiction and Recovery Alliance (SAARA)
 - <https://www.saara.org/>
 - VOCAL Virginia
 - <https://vocalvirginia.org/>
- DBHDS Office of Recovery Services
 - <http://www.dbhds.virginia.gov/office-of-recovery-services>

Hepatitis C and HIV Resources

- Hepatitis C

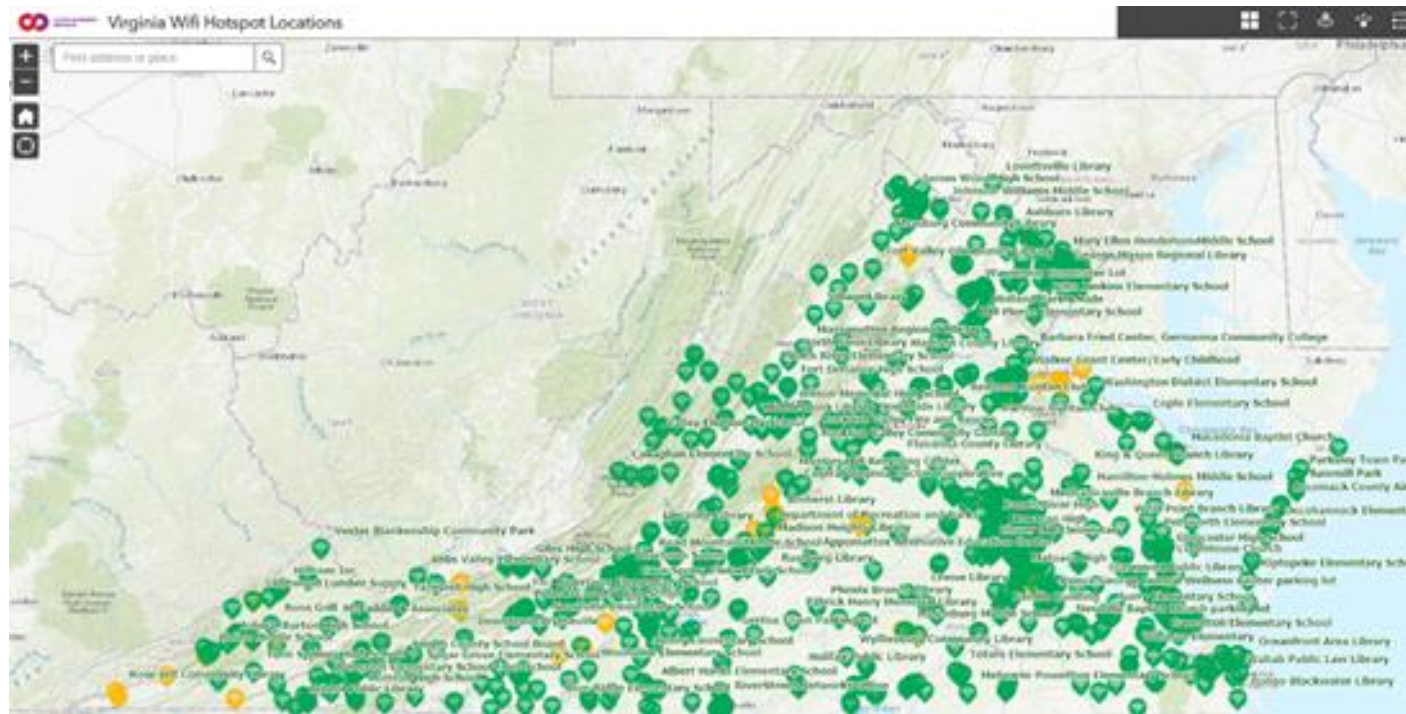
- Virginia Peer Recovery Specialist Network
- <https://www.hepc.com/>
- American Liver Foundation – Hepatitis C Information Center
- <https://liverfoundation.org/for-patients/about-the-liver/diseases-of-the-liver/hepatitis-c/>
- Virginia Department of Health – Treatment Assistance Program
- <https://www.vdh.virginia.gov/disease-prevention/vamap/hepatitis-chiv-co-infected-treatment-assistance-program/>
- Virginia HEP C
- <https://virginiahepc.com/find-treatment>

- HIV

- Centers for Disease Control and Prevention – Resources for Persons Living with HIV
- <https://www.cdc.gov/hiv/basics/livingwithhiv/resources.html>
- Office of Women's Health – HIV and AIDS Resources
- <https://www.womenshealth.gov/hiv-and-aids/hiv-and-aids-resources>
- Eastern Virginia Medical School – Virginia HIV and AIDS Resource and Consultation Centers
- https://www.evms.edu/community/community_training/hiv_aids_resource_center/

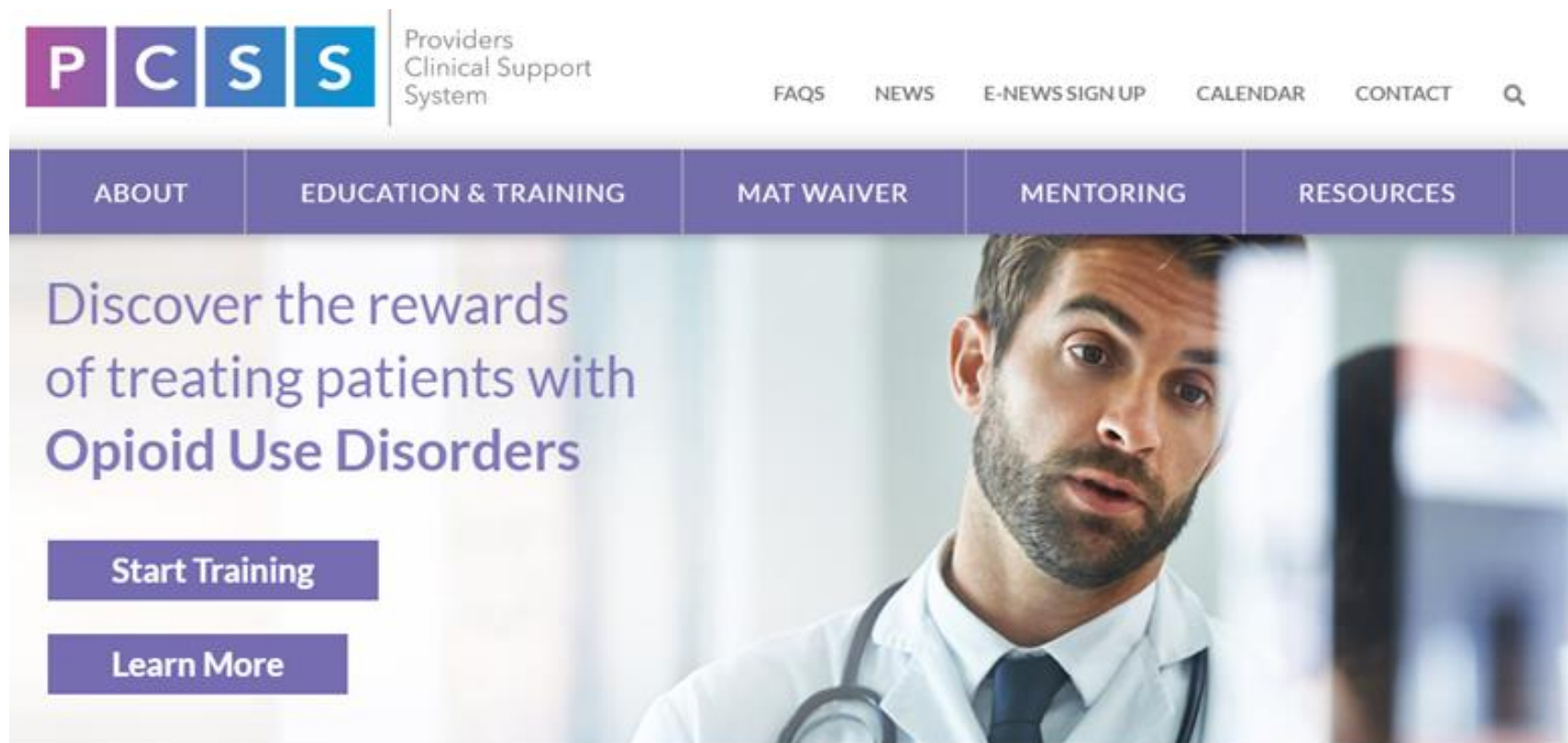
Telehealth Resources

- Virginia Public Wifi Hotspot Map
 - <https://viriniatech.maps.arcgis.com/apps/webappviewer/index.html?id=825546b05bba47048470e1cfa7364de3> – updated regularly



- HHS Website – Delivering Care Safely during COVID-19
 - <https://www.hhs.gov/coronavirus/telehealth/index.html>

Provider Resources



P C S S Providers Clinical Support System

FAQS NEWS E-NEWS SIGN UP CALENDAR CONTACT

ABOUT EDUCATION & TRAINING MAT WAIVER MENTORING RESOURCES

Discover the rewards of treating patients with
Opioid Use Disorders

[Start Training](#)

[Learn More](#)

While PCSS provides trainings on a broad range of substance use disorder treatments, its primary focus is on treatment of opioid use disorders (OUD). Opioids include a class of drugs often prescribed for pain—morphine, fentanyl, oxycodone, and hydrocodone—as well as illicit drugs, such as heroin. The Federal Drug Administration (FDA) has approved three medications for the treatment of OUD: methadone, buprenorphine, and naltrexone.

Provider Resources



Substance Use Warmline

9 am – 8 pm (ET), Monday – Friday

1.855.300.3595

Free and confidential clinician-to-clinician telephone advice focusing on substance use evaluation and management for primary care clinicians.

Consultants include addiction medicine-certified physicians, clinical pharmacists, and advanced practice nurses who are available to discuss options and approaches in clinical care, from the most common problems to particularly challenging and complex cases.

Learn more at <http://nccc.ucsf.edu/clinical-resources/substance-use-management/>

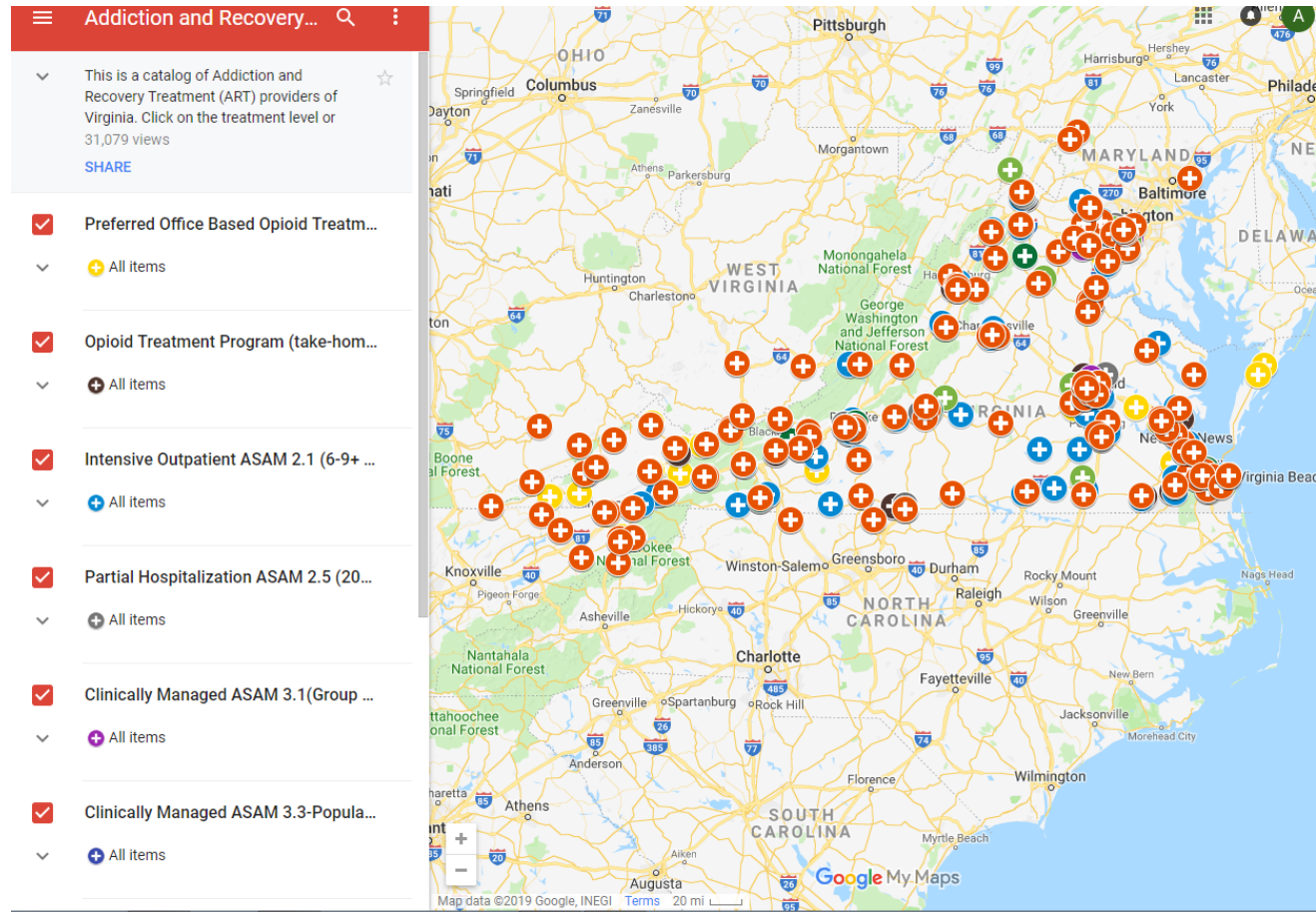


This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U10HA30039-01-00 (AIDS Education and Training Centers National Clinician Consultation Center) in partnership with the HRSA Bureau of Primary Health Care (BPHC) awarded to the University of California, San Francisco.

Addiction and Recovery Treatment Services (ARTS) Background

Visit the DMAS ARTS website to locate providers with Google Maps:
<http://www.dmas.virginia.gov/#/arts>

New!
Indicates if ARTS
providers treat
pregnant
members



Addiction and Recovery Treatment Services (ARTS) Contacts

ARTS Questions:

- ARTS Helpline number: 804-593-2453
- Email: SUD@dmas.Virginia.gov
- Website: http://www.dmas.virginia.gov/#/arts

SUPPORT Act Grant Questions:

- SUPPORTgrant@dmas.virginia.gov

ARTS Treatment Questions:

- SUD Behavioral Health: Paul Brasler
 - Paul.Brasler@dmas.Virginia.gov
 - 804.401.5241
- Addiction Medicine: SUPPORT Team
 - SUPPORTgrant@dmas.Virginia.gov

Thank you for calling in!

Your participation in the Monthly Stakeholder meetings is vital to the success of the SUPPORT Act Grant in Virginia.

Next Meeting

Wednesday, January 11, 2021

10:00 AM – 12:00 PM

Want a copy of today's slides?

Stakeholder meeting slides will be posted on the SUPPORT Act Grant Website: <https://www.dmas.virginia.gov/#/artstraining>

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